

GIFT  
OCT 8 1920

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NO. 10

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ELECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

OCTOBER, 1920

O. C. WELBOURN, A. M., M. D., Editor  
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## Adrenalin in Medicine

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**A**DRENALIN affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriated muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic nerves and the unstriated muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in blood pressure which re-

sults from vaso-constriction soon excites the vagus centre and as a consequence the heart-beat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

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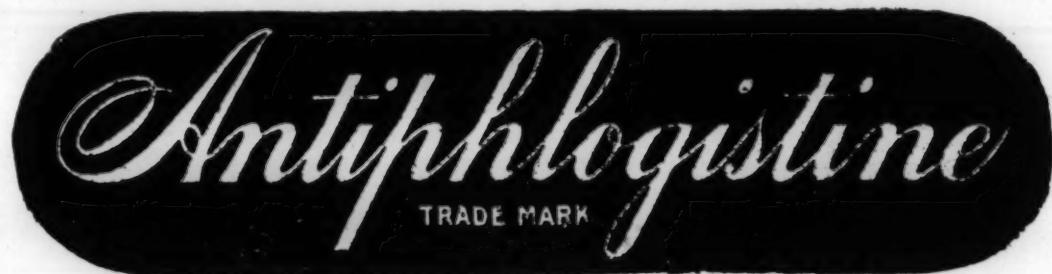


## Quotations from Doctors: No. 7

"The majority of cases of pneumonia, in my experience of thirty years' medical practice, have had more or less pleuritic complications.

"I presume this is the experience of my colleagues.

"The most grateful application that can be made to a patient suffering with pneumonia is a warm



poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

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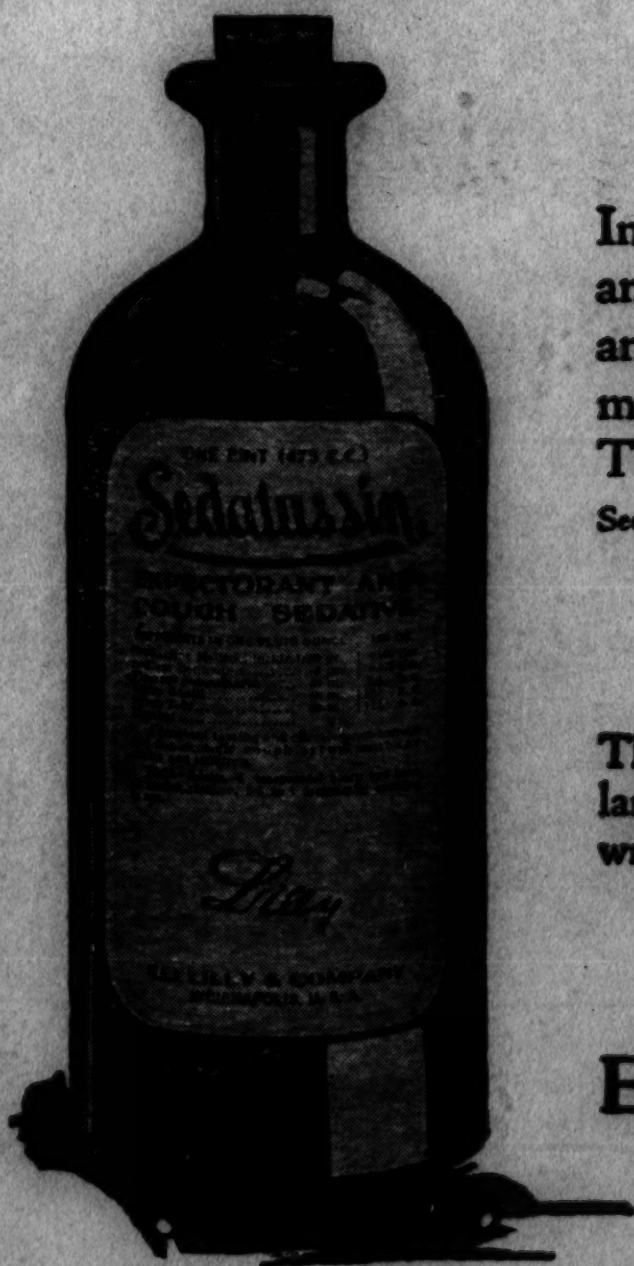
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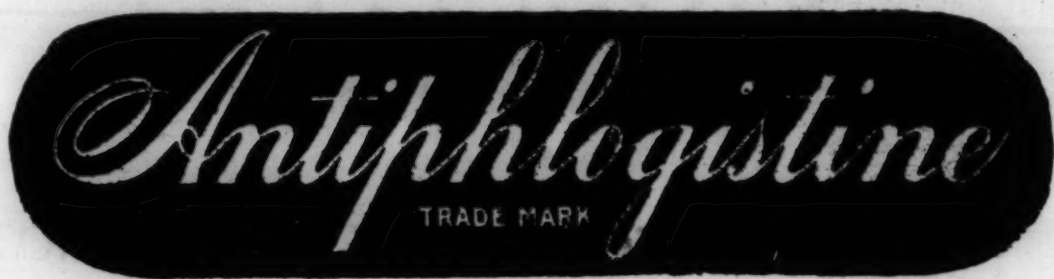


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# SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

## Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotys	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

## Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name **any** remedy as of "most importance," stating, very truly, that **each** is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. **For example**, "Gelsemium is most frequently indicated, but where **sepsis** is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for **three** remedies—Gelsemium, Macrotys and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotys for muscular soreness."

## EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

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**LLOYD BROTHERS.**

Cincinnati, Ohio, March, 1919.



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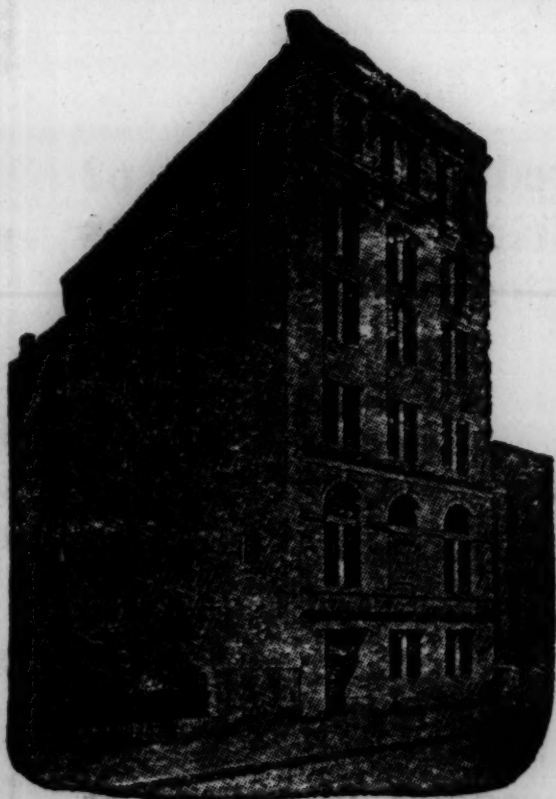
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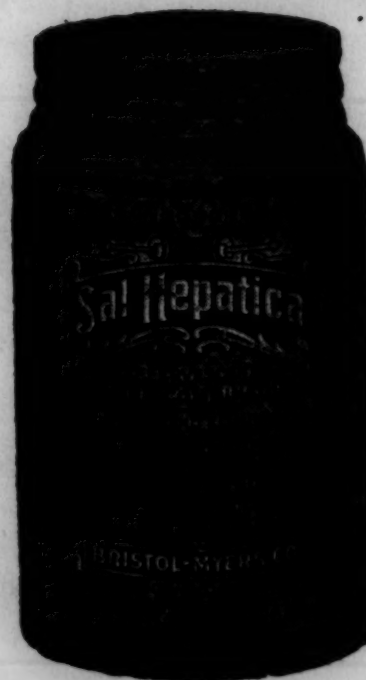
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# The California Eclectic Medical Journal

Vol. ~~XLIX~~ 111

OCTOBER, 1920

No. 10

:: Original Contributions ::

## SUMMER COMPLAINT IN CHILDREN

H. C. Smith, M.D., Glendale, Cal.

Read before the California Eclectic Medical Society.

Cholera Infantum, or Summer Complaint, as it is best known by the laity, comprehends a catarrhal inflammation of the entire digestive tract—a catarrhal gastro-entero-colito-proctitis.

My personal experience with this disease—the bane of childhood in particular—has been very limited during the last ten years, but this unseasonable weather, particularly the protracted period of unusual heat of the past few weeks, has been responsible for a sufficient number of cases to remind me of old times in the Middle West.

The fundamental etiology of this disease is the same as that of other catarrhal affections, namely, auto-intoxication; due to retained excrementitious material, the result of over supply or of impaired elimination. The patient having become toxic because of more or less constipation, indigestion and consequent fermentation in the intestinal tract, further by improper feeding, such as uncooked foods, cold meats, ice water, ice cream, and carbonated drinks, has developed irritation, restlessness, and hypersensitiveness to atmospheric changes. Nature makes an effort to correct the condition by over activating the sudorific glands, and the resulting perspiration following exercise or during sleep renders the body surface particularly susceptible to chilling. The patient attempts to relieve discomfort during the day by removing all clothing allowed, by sitting in the shade or in draughts of air, or, if a boy, by a trip to the “old swimmin’ hole.”

During sleep the covers are thrown off and, in either case, the resulting chilling of the surface of the body causes a congestion of the internal organs and nervous system. The



mucous membranes of the gastro-intestinal tract become congested or, perhaps, inflamed, the secretory glands unable to perform their functions, and the ultimate result is the non-digestion and rejection of foods; their ejection from the stomach by means of emesis, and the bowel contents from the bowels by diarrhoea. The vomiting usually is difficult and somewhat painful, but relieves, temporarily at least, the nausea which prevails in these cases. The ejecta from the stomach at first is semi-solid and sour, later becoming liquid, yellowish-green, and bitter, consisting of peptones, principally. Water, foods, and medicine are alike rejected.

The ejecta from the bowel usually is formed, and consists of digested and undigested food at first, later becoming liquid, consisting of serous fluid, mixed with fermented bile and digestive juices, and burns the rectum and anus as it passes. Still later, if inflammation follows congestion, the bowels begin to shed its mucous membrane; the stools consisting mainly of mucous, which may be streaked with blood. There is considerable colicky pains at all times during the diarrhoea, but when the mucous membranes begin to shed the pain and tenesmus are almost unbearable; nearly always requiring opiates locally for relief.

At first the patient is irritable and restless, but as the body is robbed of its fluids, becomes relaxed and inert except when aroused by the pain or tenesmus. The pulse is rapid and, as the body fluids are lost, becomes weak and thready or soft.

The temperature is only moderately high ordinarily, 102 to 103 F. If the deeper structures become inflamed the temperature often runs very high. When the body fluids become low the temperature may drop to subnormal; usually indicating an unfavorable outcome and rendering the prognoses unfavorable.

Early in the disease the skin is hot and dry; the cheeks flushed, with marked pallor around the mouth. Later the skin is cool and pallid and, as the fluids are drained out, becomes dry, harsh and inelastic. The eyes become dull and sunken.

Usually nausea and extreme thirst prevail throughout; the nausea and vomiting causing the rejection of the water. The tongue, at first coated yellow, brown, or dirty white, becomes clean, sleek, glazed, dry, red and pointed.

The pathology ordinarily does not go beyond an inflammation of the mucous membranes, but in severe cases may involve the musculature, and in extreme cases the serous coats of the tract.



The prognosis in uncomplicated cases always should be favorable for if the temperature is kept within bounds and plenty of fluids furnished the body to replace those lost, Mother Nature mends things as soon as she has thoroughly cleaned house.

However, the predisposing constipation and toxemia may have so overloaded and irritated the kidneys with crystals and other waste that they, too, are inflamed, and this constitutes a serious complication, requiring special and careful treatment.

Intestinal parasites often prove a serious menace to these cases; sometimes remaining undiscovered and unsuspected until too late to save the patient by ridding him of his guests. The treatment of uncomplicated cases is very simple—give nature a fighting chance.

Withhold all foods. To do this is matter—Not. Aside from having to chloroform the mother and banish the father and neighbors, regulating the diet is easy. Nature tends to clean house expeditiously if not interfered with to too great an extent. Lessening her burden by withholding all foods, giving the patient hot water in sufficient quantities to give the stomach considerable bulk upon which to contract, and to cleanse the stomach thoroughly at the same time, expedites Nature's efforts, lessens distress and shortens the period of vomiting; thus shortening the disease and conserving the patient's strength, as well as permitting the earlier administration of our remedies.

Notwithstanding the moderate temperature usual in these cases, aconite is nearly always indicated. Its soothing action upon the sensory nerve endings in the mucous membranes with which it comes in contact is well known; this action helping very materially to quiet the irritation of the stomach, as well as lower the temperature. To quiet this irritation and render our direct remedies acceptable to the stomach it may be necessary to administer hydrocyanic acid in some form, the following combination being a favorite with me: Dilute hydrocyanic acid, 5 minims, Sp. M. amygdalus, 30 minims, water enough to make four ounces.

A teaspoonful every 15 to 60 minutes, as the occasion demands. This should be stopped as soon as the vomiting ceases as hydrocyanic acid soon becomes a cell poison even in these small doses. The affinity of mercury salts for peptones and bile is well known, and calomel in one-tenth grain doses, combined with soda or given at the same time as glyconda or neutralizing cordial serves to start these excretions on their proper course. As soon as the stomach will retain



it, geranium is our first thought, because of its demulcent, tonic and astringent properties. Belladonna often is the indicated remedy to control the capillary stasis and halt the loss of fluids. Gaseous distention often occasions great discomfort. This may be relieved by the administration of xanthoxylum or cajeput internally, and by enemata containing tinc. asafoetida. Minute doses of ipecac are often of great service; the red, pointed tongue and passive hemorrhages indicating its need. Many other remedies are indicated at various times in many of these cases.

There is another condition often included under this heading but which is not an inflammation at all, exhibiting little or no fever, probably a subnormal temperature. Usually there are involuntary discharges of fluid stools, which soon rob the body of its fluids, and cause weakness and emaciation. The one remedy that has given me uniform success in these cases is epilobium. At times such agents as belladonna, xanthoxylum or epilobium may materially aid in clearing up the condition.

### PHYTOLACCA DECANDRA

J. A. Munk, M.D., Los Angeles, Cal.

Read before the California Eclectic Medical Society.

Phytolacca decandra is one of nature's finest products, notwithstanding that it is sometimes regarded as being old-fashioned and homely.

Indeed, there is no handsomer plant found growing anywhere than the pokeroor, with its crimson stalks, intermingled green and scarlet leaves, white flowers and shining black berries, all present in the living plant at the same time. It has a perennial white, fleshy root and its annual foliage dies late in the fall and fades away in a blaze of glory. Its young shoots start to grow early in the spring and are eagerly sought after, much the same as the mushroom, by connoisseurs of succulent edibles, as greens for spring consumption. The plant reaches its full maturity in midsummer and retains its freshness and beauty until late in the fall.

The fresh root of the Phytolacca possesses drastic properties and in large doses acts as a poison. It is a powerful emeto-cathartic and a depressant of the vital functions. Its sweet, mawkish taste is not altogether unpleasant, and in tasting the root the temptation is to indulge too freely, when its harsh action soon follows. The berries also are said to be poisonous but are less active than the root. However,



they cannot be very injurious as birds eat them freely and even gorge themselves on the ripe fruit without producing any apparent ill effect.

Changing the *Phytolacca* plant from its native habitat in the east to a California environment does not seem to affect it deleteriously. If there is any difference that is noticeable it is in the direction of improvement, both as to its size and vigor, as well as its medicinal strength. I have at various times made a saturated tincture from the fresh root and found it as reliable as any that I have ever tried. Dr. H. T. Webster has also obtained and tinctured some of the root, and likewise claims that it is as fine a preparation as he has ever used.

Medicinal plants from the Munk gardens were sometimes used as specimens for studying medical botany by the *materia medica* class in our college. This was a valuable experience as it enabled the students to obtain first-hand knowledge on both the physical and medical properties of the plant drugs under discussion.

Among the agents presented for study one day was *Phytolacca*. The fresh root was cut into small cubes and distributed to the class for examination. Because of its harmless appearance and mild taste, everybody sampled some of it to see what the effect would be. They did not have to wait long for results as the evidence soon indicated that something had gone wrong with the "inards" and the disturbance would not be appeased except by adjournment from the classroom.

One member of the class who was absent and of a Doubting Thomas nature would not believe what was reported to have happened and wanted to make the experiment for himself. Permission to do so was readily granted, and thereupon he partook rather freely of the root. Very soon he, too, felt its sinister influence, that disturbed both his bodily comfort and peace of mind, when he hastily made his disappearance from school and remained away for the balance of the day. After his recovery and return he frankly expressed his surprise at the result and admitted that the experience had converted him to the doctrines of the vegetable *materia medica*.

The practice of experimenting with drugs coincides with the teachings of Professor John M. Scudder, when he taught the students that they should sometimes take their own medicines, to ascertain for themselves how their drugs acted, and predicted that thereafter they would be more considerate



for the feelings of their patients when they meditated giving a harsh acting remedy.

Fifty years ago many Eclectic physicians lived and practiced in the country, and made it a rule to stop and gather plants found growing by the wayside, on roads over which they traveled. By this method they acquired some knowledge of botany and the medical value of plants. Furthermore, they did some office pharmacy and made many of their own medicines. That not only gave them reliable remedies but also enabled them to obtain their medicines more cheaply, and it is to be regretted that this custom had to go out of date.

Since then times have changed greatly, as most of the forests and wild lands where the medicinal plants grew have been cleared up and plowed under, and the native plants destroyed. But even if these things had not happened the doctor who did office pharmacy in bygone days could do so no longer after the country went bone-dry and all alcoholic liquors were banished.

However, Eclectics have no cause to mourn on this account as their wants are fully provided for by the Colloidal Specific Medicines that were invented by that wizard of modern pharmacy, Professor John Uri Lloyd, and are manufactured by the firm of Lloyd Brothers. For purity, excellence and beauty, these medicines stand without a rival and are rapidly superseding all other preparations on the market. They are not used exclusively by Eclectics, but are also in demand by physicians of every school. They retain the natural flavor of the fresh drug and mix perfectly clear with water. The physician who uses these preparations once will never use any others if he can help it.

Under the old nomenclature, *Phytolacca* was classed as a blood alterative and regarded as a valuable remedy in scrofula. It acts specifically upon the glandular system, and is useful as a remedy in all cases where any of the glands are involved. The specific indications for its use are a pale skin and pallid mucous membranes, with a sense of irritation or burning of the skin. It is also indicated in mucous ulcers and in any kind of ulcer with a sanious discharge.

The symptoms denote a depraved state of the blood and imperfect elimination by the emunctories. Under these conditions the lymphatic glands do not function properly, which defect *Phytolacca* helps to correct. It is useful in scrofula, mastitis, ovaritis, orchitis, tonsillitis and parotitis or mumps. It should also be remembered in abscesses and boils, which indicate the presence of impurities that nature is trying to eliminate. It is a valuable remedy in syphilis, rheumatism



and every form of skin disease. It acts somewhat slowly and is especially adapted to chronic diseases in which time is a large factor of the cure.

It is never necessary to administer the medicine in sufficient quantity to disturb the system, or to produce any harsh effect. Given in small doses in selected cases and continued for some time, usually brings the desired result.

### RESORCIN

Herbert T. Webster, M.D., Santa Ana, Cal.

Read before the California Eclectic Medical Society.

Resorcin has been a favorite remedy with me for many years. I have not made the extended use of it suggested in the Dispensatory, for I have regarded it as a doubtful internal medicine. It is too potential in toxic property to be considered a safe resort as a systemic remedy, and its use here is better and safer supplied by agents more reliable and less risky. My experience with it has been with its local effect alone, and here I have been well pleased with it in numerous instances. I employ it in solution. A drachm of resorcin, half an ounce of alcohol, two drachms of glycerine and enough water to fill an eight-ounce vial are combined and well shaken. This is ready for use, and may be applied freely where indicated.

In stubborn eczematous and herpetic eruptions due to vegetable parasitic growth this solution is the most reliable application I have ever known. It is not adapted to scabies, due to burrowing mites, but vegetable parasitic growths yield slowly to its action in almost every instance, though its action is slow, and it must be continued patiently for a long time in many cases. Such affections are not usually painful or otherwise distressing except as their disfiguring effects are concerned. Occurring on the face they are mortifying to those who value a fair complexion. Such conditions are chronic, insidious in their inception, and stubborn when established. Long continued application of this solution will cause a gradual disappearance of such blemishes. Months and months of persistent application are necessary for success, but while other remedies are likely to fail entirely or produce unpleasant irritation, this is soothing and will almost invariably succeed in time.

While clear and colorless at first, the solution will gradually assume a yellowish brown color, due to the influence of light; and when spattered on enameled woodwork in a



bath room it leaves a permanent stain. If employed on the scalp it is likely to be scattered about, so I advise that its application be made out of doors. It may be applied to non-hirsute surfaces with a small sponge or wadded cloth.

I believe it is the best hair tonic extant. It cures dandruff in a short time, where the scalp is saturated with it, and it cures eruptions among the hair in most instances, especially if these be of scaly character. It slowly, as the light acts on it, imparts a brownish tint to grey hair, though it is not what one would consider a dye. Where the hair is graying in streaks it lessens the contrast and preserves the original color of dark hair. It does not wash out, nor does it impart the impression that the hair has been dyed. For years elderly ladies in my clientele have doted on this solution as an application to the hair and scalp. I recollect a young man who came to me years ago almost bald as the result of syphilis who now has a luxuriant head of hair, and it was restored in a few weeks with this solution locally and the internal use of specific berberis. I was not the first one called on to tackle this job. Several physicians had had a try at it before the case came to me. I have no idea that the treatment renewed lost hair follicles. Luckily they only needed the proper stimulus and the system proper treatment for syphilis.

I have learned to place much dependence upon it in all cases of devitalized hair growth. We have few remedies that compare with it where the hair becomes lusterless, brittle, and shows a tendency to fall. A few weeks' use of this solution, well rubbed in and the hair and scalp well brushed with a stiff brush afterward, will make a decided improvement in the appearance of the affected individual.

Another excellent use for it is in certain eczematous conditions about the anus. Having made hemorrhoids a specialty for many years past such conditions naturally have gravitated my way. Many people are affected by irritation and itching about the anus which they suppose to be due to piles, when the condition is really an eczematous or herpetic eruption in the cutaneous folds about the anus. Usually here pruritus is intense and exasperating, causing much unrest day and night.

When I find the least evidence of cutaneous trouble about the anus in such cases my first thought is of my resorcin solution, which I advise to be applied with a soft sponge or pad of linen or cotton several times a day if necessary, to relieve the itching.

Most of us know pruritus ani is a very difficult affair to manage, and this application may fail to give relief, though



I have had so many successes with it that I always give it a thorough trial where it is reasonably indicated.

Pruritus ani may originate from a variety of causes and resorcin may not always be adapted to the case. I have relieved some bad cases by removing rectal pockets and papillae. Sometimes it may be due to hemorrhoids located low down. Resorcin is only adapted to cutaneous complication.

I sometimes find that the glycerine is objectionable to those who use the solution as a hair dressing. Some subjects have too much oil in the hair naturally, and do not want too much glycerine in the dressing. One drachm may be used here instead of two. In fact, the glycerine may be left out entirely, though it makes the solution more permanent. The solution does not dry out so quickly.

### INDIANS AND HEALTH

Times have certainly changed. It wasn't so many years ago that when a crowd of Sioux Indians got together of an afternoon there was usually a considerable amount of battle, murder and sudden death in the air. According to the story books, the proceedings usually opened with firewater and scalpings, and closed with an entertainment in which a paleface tied to a stake was the chief performer.

But nowadays things are different. When the Sioux Indians in Minnesota get together it is to listen to public health lectures delivered in their own language, and frequently by members of their own tribe. There is a great deal of tuberculosis among these Indians, and the American Red Cross is endeavoring by means of these lectures to educate them in preventative measures against the disease. One old chief, Two Hawks, is an eloquent lecturer for the Red Cross. And a certain squaw, who had never before appeared in public, prefaced her remarks with the statement that if her audience were not composed of ladies and gentlemen she wouldn't talk to them.

A hundred years ago it would have been a brave paleface who would have delivered a lecture to an audience of Sioux. Some such lectures were delivered, but they were usually in the nature of deathbed remarks. Today, however, the Indians look upon these things differently, and they are eager to learn all the good that the Red Cross can teach them.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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O. C. WELBOURN, A.M., M.D.

Editor

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Associate Editor

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Assistant Editor

---

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## HERE AND THERE

At a table d'hote dinner on a certain steamer a fat lady orders a very generous dinner and a lean lady orders a very modest one. The fat lady certainly enjoys her food and the lean lady just as surely does not. The appearance of each indicates that she is playing true to form. The fat lady finishes her own dinner and with but little urging devours the larger portion of her friend's dinner.

Query: Are fat people fat because they eat so much and lean people lean because they eat so little; or is each condition a manifestation of a disease?

\* \* \*

In the smoking room of the same steamship a gentleman desires the assistance of three to make a hand at poker. Of the score and more present not one would acknowledge that he played the game. Card tables without poker and a bar with kickless drinks make of a steamship smoking room "not what it used to be."



It has been a quiet, peaceful day, with nothing to claim the attention of the lazy minded, except the spouting of a school of whales and the playful antics of the human vamps, both male and female. The ocean is so calm that its surface looks slick and oily. The boat glides through the water with a silent, undulating motion as does a snake through wet grass. In the evening the passengers gather on the promenade deck and gaze out into the west. The mind endeavors to dwell upon the vastness of the Pacific but is diverted by the eye which beholds a most gorgeous sunset. Two ladies lean upon the rail to enjoy the beauty and grandeur of ocean and sky while they meditatively smoke their cigarettes.

\* \* \*

On Puget Sound a cold clammy day with a drizzling rain at intervals. The sky is heavy and featureless, with a thick haze through which the sun is discerned with difficulty. The tops of the hills are lost in it though fleecy sprays float down the canyons in a most beautiful effect. The water is choppy and of the color of the sky. Islands, both great and small, are scattered about in a most generous fashion. Apparently they are little else but rocks, but so liberally are they clothed with pines that they do not appear barren. Few of them are inhabited and their beauty is of the wild, untamed sort. As the steamer winds its way in and out among these islands, vistas of great strength and marvelous beauty command the attention in the same manner and to the same degree as do like combinations on the Inland Sea of Japan. Terraced farms among the trees with their quaint houses and people scattered about, and you have Japan—Japan, which by reason of the favor of her gods and the artistry of her people is the most beautiful country in the world.

### BELLADONNA.

Belladonna is the remedy for dullness and hebetude, a condition frequently complicating spring and summer disorders. For the control of most of the symptoms of scarlet fever it can be relied upon. In the earlier stage of this malady we almost invariably find the indications for belladonna, and it aids materially in producing a prompt and full eruption. Later in the disease we have found that it is less called for, except in malignant forms, with a strong tendency to congestion. In most cases of measles it acts equally well. It is the best remedy we have for capillary stasis, and should be employed where the circulation is obstructed, the face either dusky or



very pale, the eyes half open during sleep, coolness of the surface, and tendency to stupor.—Editorial, Eclectic Medical Journal.

### CRATAEGUS OXYCANTHA.

This drug was brought to the attention of the medical profession by the Homeopaths. In order to test the value claimed for it, Dr. Thos. F. Riley used it somewhat extensively for a period extending over two years, and he reports (Journal A. M. A.) as follows:

"It has been of decided benefit in a few cases of non-compensatory valvular disease in which there was an idiosyncrasy to the use of digitalis. It has no decided diuretic action, nor does it raise blood-pressure to any appreciable extent. Crataegus is essentially a mild cardiac tonic. When the heart is in a weak and irritable condition following grip, or in neurasthenia with a marked arrhythmia of the respiratory type, agents of the digitalis group are almost invariably badly borne. This is often a result of the digestive disturbance they so frequently entail. Here the crataegus often acts surprisingly well. It is a perfectly safe agent, with no poisonous effect. It can do no harm in aortic disease, and it is worthy of trial in these troublesome cases. In fatty degenerations and in heart lesions associated with high arterial pressures, it should be a useful agent. It is better given during or after meals in doses of from 10 to 30 minims of a good fluid extract or a drachm of the tincture. A combination with the bromides is useful in the irritative condition spoken of above."—Clinical Reporter, February, 1910, p. 58.

"Adapted to cases characterized by pain, precordial oppression, dyspnea, rapid and feeble heart-action, evidence of cardiac hypertrophy, valvular insufficiency and marked anemia, venous stasis."—Felter (National Quarterly).

### FIFTY-SEVEN YEARS' EXPERIENCE WITH TYPHOID FEVER.

J. R. Borland, M. D., Franklin, Pa.

When we go back, we find that typhoid fever, under various names, has prevailed in this country for an indefinite period.

Eberle (1831) called it **typhous** or continued fever, to distinguish it from **typhus**; Maxon (1861), **enteric continued fever**; and Prof. Wood, **enteric fever**. Observe the **ous** (of or like), then **oid** in typhoid.



Of its causes but little was known. Some writers believed the disease was caused by **koino-miamsata** (malaria), from decaying vegetable matter being diffused in the atmosphere (**paludal poison**); others, that it was caused by **idio-miasmata**, or animal effluvia, prevailing the air of certain localities. As there seemed to be a difference in the results of the two ascribed causes, it was decided that the first (**koino-miasmata**) developed the intermittent type, and the **second** the remittent type of the disease. The definition of Prof. Wood seems to me the best, as it expresses or defines the pathological condition—the involvement of the intestines, Peyer's glands, etc.

When I commenced practice in 1851 nothing was known of the coccus of Leibnitz or Ebert's rods. The typhoid bacillus had not visibly materialized. It was believed that a poison was generated in the system, what we now call auto-intoxication. However, as to the cause, whether it came from without or was engendered within the body, we were in the dark.

The discovery in the early seventies of pathogenic germs, and the germ theory developed thereby, led to the discovery of the cause (the typhoid bacillus), and we had one good leg—the pathology of the disease—to stand on; and the other leg was found in the treatment adapted to keep out the intruders by proper sanitary measures, and, should they secure lodgment in the body, to kill and drive them out by the use of germicides, antiseptics, etc. Hence the uncertainties which met us in the treatment of the disease in former years no longer exist. So far as its pathology is concerned, **we know where we are at.**

Some description of the treatment in those early days may be interesting to the reader, also as showing its evolution. Orthodox physicians followed the treatment advocated by Eberle, Dunglison and others, which consisted in the use of calomel, comp. powd. jalap, saline laxatives, James' or Dover's powder, spts. nit. dulc., tart. antimony, carb. ammonia, the mineral acids, spts. mindererus, ablutions, counter-irritants, blisters, etc. It was no doubt an improvement upon that of former years, but the indiscriminate use of the mercurials often entailed bad results which continued through life.

The Botanics of early days claimed to have better results in the treatment of the disease than the Regulars, and not without reason, as their remedies were mostly the decoctions of the indigenous remedies, milder in action than those used by the Regular school, and were not followed by dire sequelae to vex the after-life.



Along in the fifties the Eclectics loomed up as an improvement upon the Botanic therapeutics. They followed the treatment of Beach, I. G. Jones, Paine and Scudder, which consisted in the use of concentrated powders, triturates and tinctures obtained from vegetable sources.

In the spring of 1852 it was my luck to run up against several typhoid cases, and I adopted the treatment used by my preceptor, about as follows: First, when called early, a cathartic of antibilious physic, to which, if there was indication for acids, cream of tartar was added; if for alkalies, a neutralizing mixture (comp. pow. of rhei et pot.) was added instead, to correct as well as possible the chemical condition of the stomach, which, as I viewed it, was an important matter. This was followed by powders composed of powd. ext. of cinchona (quinine had not come into vogue) and Dover's powder, one every three or four hours; a teaspoonful of spts. nit. dulc. in alternation. To promote diaphoresis, spts. of mindererus was given. To promote diuresis, an infusion of juniper berries, buchu and acetate of potassium was given. To reduce temperature and fever (the clinical thermometer had not come into use) frequent spongings with soda water, to which whisky was added, was employed. If symptoms of brain involvement developed, sinapisms were applied to the nape of the neck, along the spine and to the extremities, the head kept constantly wet with a lotion of water and whisky, to which salt or muriate of ammonium was added.

In 1853 I had a case of typhoid in which a persistent diarrhea was a troublesome complication. Dr. J. W. Wallace, of New Castle, Pa., was called in consultation. He was a gentleman of the first water, and one of the best diagnosticians I ever knew. In this case he prescribed a solution of nit. silver for the diarrhea, powders of hyd. cum. creta, Dover's and quinine (which had just come into use). In this case the diarrhea was easily controlled. To control fever, frequent spongings, as above, were employed. At that time we did not have the sedatives, as verat. vir., aconite, gelsemium, belladonna, etc.

Dr. Wallace was always looking for brain troubles, which often occurred in typhoid, and when congestion of the base of the brain loomed up, the head was shaved from the occipital protuberance down to the nape of the neck. A plaster of cantharides cerate was applied, to be left on till the skin was as well reddened as a mustard plaster would do, which would take from three to four hours, when the plaster was removed and a poultice of bread and milk applied. At the end of four hours it was removed, the blebs opened, and the



skin left intact. A fresh poultice was then applied and removed in sixteen hours; then the part was dressed three or four times a day with a cloth spread with simple cerate or castor oil, until well. This method of blistering is less painful and more permanent in results than counter-irritation with mustard.

Within a few hours after the application of the blister plaster, the patient would come out of the stupor, with a mind more clear and a more intelligent facial expression, and his convalescence dated from that time. I have employed blisters hundreds of times, not only in typhoid but in other cases of brain congestion, with marked benefit; and if I ever erred in their application it was because they were not applied early enough, while the golden opportunity was in hand; for I verily believe many persons might have been saved incarceration in the insane asylum had blisters been timely and properly applied. Applied to the nape of the neck only gives but little benefit.

During the seventies, the germ theory was elucidated and a scientific basis thereby found, upon which is being builded a **rational and specific** therapeutic—the dark places in diagnosis have been lifted. The progress in this direction during the last two decades has indeed been wonderful.

It is now known that the typhoid germ may be conveyed into the system by water and milk. Many illustrations are given, only four of which need be quoted. Some twenty years ago, a very severe epidemic occurred at Plymouth, Pa., which was traced to the dejections from a typhoid patient, emptied on the snow, by the side of a small stream. When the snow melted the germs were carried into the city reservoir. Hundreds of the people were stricken and many deaths occurred. Those who did not use the city water escaped. During the winter of 1893-4, Butler, Pa., suffered a serious epidemic, with several fatalities, which was traced to the contamination of city water, under like circumstances. Oil City, eight miles above us, has had some three outbreaks of typhoid in the last few years, attributed to river water. Some six years ago Titusville, a neighboring town, had an outbreak, with three deaths, which was traced to milk furnished by one dairyman. Those using that milk were the only ones attacked. Twenty-two years ago we had an outbreak here, caused by surface water seeping, during a thaw, into a small reservoir, which supplied about ten families. One person died and I attended some ten cases, all of which recovered. None were attacked except those using that water.

I treated my cases about as follows: First a mild cathartic



followed by fluid cit. magnesia. For the fever gave verat. vir., gelsemium, aconite or belladonna as indicated. As an anti-periodic, R quin. sulf. gr. 20; ferri prussiate, gr. 5; Dover's powder, gr. 30. M. Div. in chart No. 10. Sig.—One at 7 and 10 A. M. The fever mixture was suspended during the forenoon, resumed upon the accession of the fever, which was usually about midday, and continued till it subsided, along in the night. After the fever and periodicity was controlled and temperature became normal, the powders and sedatives were dropped and a restorative treatment was adopted; tr. nux and hydrastis being the main medicines. If stimulants were indicated, good French brandy was made up with sweetened water and enough brandy added to make it taste like sling. Of this a tablespoonful was given every one, two or three hours as required. If nerves needed toning, the elixir of valerianate of ammonia or valerianate of zinc was given. If the tongue became red and smooth, the tr. chloride of iron as follows: Sweeten a tumbler of water and add enough of the tincture to make it pleasantly sour. Dose, a dessert spoonful every two to four hours. Acid drinks—lemonade, dilute muriatic acid added to fresh water, make acceptable drinks, and should be given in small quantities. But during the stage of high temperature and fever nothing is more acceptable than fresh cold, or ice water. **It fills the aching void as nothing else can.** This I know from personal experience, having had the disease forty-five years ago.

For the persistent diarrhea the following is about the best remedy I have found: R Crys. argenti nit. powd., gr. 4; powd. opium, gr. 12; moistened bread crumbs, q. s. M. ft. mass., div. in pill No. 12. Sig.—One every two, three or four hours, as required, till diarrhea is controlled; then less frequently.

Salol 5 gr. and bismuth sub. nit. 5 to 10 gr. is a very good remedy. A powder of this size once in three or four hours.

I have often used, to lower temperature, powders of paeonacetin, salol and Dover's, with excellent results. Have also used sodium sulph. carb., zinc sulph. carb., listerine and hydrogen peroxide; and, as heart bracers, which are often required, nux vom., cactus, and the nerve tonics before mentioned, with plenty of brandy sling. **Whisky is no good.**

Have said nothing in regard to the diagnosis, as it did not seem necessary. Tenderness in right iliac fossa (the region of Peyer's glands), rose-colored eruptions—"lenticular elevations like flea-bites, the color of which recedes on pressure," and which first appear on the abdomen, **are diagnostic characteristics of the disease**, and differ from the sudamina which consists of small watery vesicles found in other fevers. The



expectant treatment pursued in some hospitals is, I think, a mistake, although undoubtedly better with good nursing, than improper medication. In these days, if called early in the attack, we should be able to cut short—jugulate, if you please to call it—the disease.

If persistent vomiting occurs, as it often does, the chemical condition of the stomach should be taken into consideration. If sour or acid matter is ejected, alkalies and absorbents should be administered, as bismuth, aromatic spirits ammonia, fluid citrate magnesia, etc. If the matter vomited is bilious, as observed by the greenish color and bitter taste, a solution of common salt in vinegar and water, in small and oft-repeated doses, will often stop it. But the best thing I have found in bilious vomiting, not only in typhoid but in many other diseases, is a plus-acid mixture described in King's American Dispensatory as **white liquid physic**, given in small and oft-repeated doses. In teaspoonful, three or four times a day, it will cure bilious diarrhea.

It is an old adage, probably as true in typhoid as in any other: "Remove the cause and the effects will cease." If the disease is caused by germs, if germicides will destroy them; if the germs can be destroyed, temperature and fever controlled, **no toxines or but few should be engendered, and the effects should cease or be nil.** That typhoid fever can be cut short—that it need not run from three to six or more weeks, if environments are good and proper treatment employed—I sincerely believe. In no disease is evolution evinced more plainly during the last fifty years than in the treatment of typhoid fever and typhoid conditions, owing more to bacteriological development than to anything else.—National Quarterly.

### APOCYNUM CANNABINUM.

#### A Contribution to Its Action.

By Dr. Felix-Krammer, of Frankford-on-the-Main.

The fluid extract of Canadian hemp, the root of which plant has been used for a long time, as a medicine, in Asia and America and in the last decade also in Russia, does not seem to have obtained in Germany the attention it deserves.

The active principle of this drug, according to Liebreich and Langaard, is a glucoside called apocynin, whose action is, like that of digitalis, a cardiac poison. Like strophanthus, nerium oleander and vinca minor, the plant belongs to the Apocynae family.



The reports on this remedy so far as I have been able to follow them are unanimous in designating it as a cardiac tonic and diuretic. According to Gwovdinski, of Kiev, *apocynum cannabinicum* is known in Virginia as a household remedy and is used by some American physicians by preference as a diuretic. The dose according to this report is 15 drops, t. i. d., and given during the period of compensatory disturbance it causes no unpleasant side-effects.

According to Aleksejew the effect of the remedy appears, in proper cases, in two or three days. If no remedial action appeared in five days Aleksejew made no further use of the remedy. He prescribed small doses (from three to five drops) three to four times a day. After larger doses he met at times gastric disturbances and pains in the cardiac region. Cumulative effects he did not encounter. The dosage, according to Golubin, is five drops three or four times daily.

In Pawinsky's (of Warsaw) notices about *apocynum cannabinicum* the observations he made of the different effects of this remedy from those of *digitalis* on the vagus are remarkable. He found that *apocynum cannabinicum* acts more readily and energetically on the innervation of the heart than *digitalis*, but the effect of the latter is a more persistent one, that is to say, the effect of *apocynum* gives out more rapidly than that of *digitalis*. He would, therefore, use, the remedy at shorter intervals, especially in cases of arrhythmia.

His dosage is somewhat higher: Eight to ten drops of the fluid extract two to three times a day. However, one should always begin with small doses. Pawinsky rarely met with unfavorable effects on the digestion from this remedy, of which effects some authors speak very extensively. Curative effects he found none.

The indications for the remedy are, according to him, valvular lesions and affections of the heart muscle at the time of disturbance of compensation. A. Robin gave thirty drops of this remedy three times daily.

A case in which the extract of *apocynum* utterly surprised me was as follows: A tavern keeper, 51 years old, who was affected with arterio sclerosis, myocarditis and a high grade of indurative hypertrophy of the liver. The edema and ascites could not be removed by the administration of the following remedies, viz., *digalen*, *digitalis*, *digitalis* with diuretin, alternated with caffeine, *strophanthus*, *theocin*, *theophyllin*, fluid extract, *equisetum arvense*, infusion of juniper, and treatment with calomel.

All these well-proven remedies were often administered in maximal doses. At times the fluid exudate would be re-



duced to a minimum (1200 grams). Before paracentesis abdominis was made the fluid extract of apocynum cannabinicum was tried, and with perfectly surprising results. The next day, twenty hours after the administration of the remedy, the swelling of the legs, especially of the right one, was reduced and showed natural relations of parts. The ascites too was reduced, but the swelling of the liver remained stationary.

The dose used in this case was twelve drops three times a day, gradually increased to fifteen drops at a dose. In spite of this improvement the swelling of the legs reappeared after four days. It is remarkable, however, that in a case where all other diuretics failed the apocynum should have shown such an almost magical effect. It is therefore explainable why Busch designates this remedy as the vegetable trocar. Such a remedy certainly deserves to be retried and administered in cases of compensation disturbances before paracentesis abdominis is resorted to. Should clinical retrial of the remedy be further confirmed then the text books should give it a place among the other well-tried diuretics.—Muenchener Med. Wochenschrift, No. 45, 1909.—American Journal Clinical Medicine.

### A GRANULATING APPLICATION

Lee Strouse, M.D., Covington, Ky.

I have seen in the current journals and hospital reports that physicians often experience trouble in having raw and denuded surfaces to heal, where skin grafting has been resorted to. Failures attend the best of treatment, where the skin has been removed by injury or otherwise, burns seemingly causing the most trouble. I have just dismissed the following case. A Miss R., thirty-two years old, working in a shoe factory, had to clean a pint cement can, the cement being used between the first and second soles in the making of shoes. The cement is very inflammable, and she was careless in handling it. She was standing near a stove when the cement caught fire, burning both hands and arms to the elbows, to the second and third degrees.

The skin came off from the elbows to the finger tips, not so much in the palmar surface, on account of the thickness of the skin. Some of the muscles and tendons sloughed. During the sloughing I used white vaseline and cotton, keeping the pus cleared with peroxide of hydrogen at all times. Then I began the use of "black oil," which is made as follows: Mercury by weight, one ounce; nitric acid C. P., one ounce. Add



these together in an open earthenware jar, out in the open air, as it is liable to explode, and let stand until done cutting; then add spike oil and British oil, of each two ounces, stir well and let stand for fourteen hours; then add spirits of turpentine, two ounces. Stir it thoroughly. Then add of each, spike oil and British oil, two ounces. Mix all thoroughly, and it is ready for use. Apply two or three times a day with a camel's-hair brush. Leave it bare for fifteen minutes, then apply a soft cloth for a dressing. If it smarts and stings too severely, apply a thin coat of vaseline and cotton. After a time the cotton and vaseline can be dispensed with. Keep the pus cleared with the peroxide of hydrogen. No soap or water.

In the city where I live there is a cotton mill and a dye works, both under my professional care, and they have a number of burns as well as other injuries during the year. For the past fifteen years I have been following the above treatment in such cases with the best of success, not a single disappointment. Where there are exuberant granulations they vanish with three or four applications, or, say, about forty-eight hours. It was about a month in the above case until she was using her hands again. Less severe burns heal more rapidly. The new-formed skin is tender at first, but gradually assumes its natural appearance. This treatment has so far never disappointed me.—National Quarterly.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921, in Fresno, Cal. D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. P. M. Welbourn, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

### NEWS ITEMS

Dr. and Mrs. H. T. Cox, Los Angeles, after a two months' camping trip through Northern California, are in the southern part of the state for a short while.



Dr. O. C. Welbourn, Los Angeles, left early in the month for a visit to the eastern hospitals, expecting to return about the middle of October. He is accompanied by Dr. M. A. Welbourn, of Ann Arbor, Michigan.

The October meeting of the Los Angeles Eclectic Society will be held on October 5th at the offices of Drs. Welbourn in the Security Building.

Dr. A. A. Prall, Huntington Park, was granted a license at a recent meeting of the California State Medical Board. Dr. Prall will probably open an office in Huntington Park.

### SPECIAL NOTICE

Dear Doctor:

Is it possible to place an Eclectic Medical College into Class A? Is it possible to so endow an Eclectic institution that even its most pronounced enemies will not be able to find any faults with it? Can we so improve an Eclectic medical college that it will compare with the very best medical colleges in this country? Can we make an Eclectic medical college an institution of learning to such an extent that we, all of us, shall be proud of it? Can an Eclectic medical college become a center of world-wide renown as a medical school, a school which will graduate the very best trained physicians?

The Council of Medical Education of the National Eclectic Medical Association believes that it can be done, and has selected the Eclectic Medical College of Cincinnati as the college on which it will concentrate its efforts for the present time.

The Council believes it can be done, providing you, doctor, are willing to extend a helping hand. To accomplish all of the above we need money, a great deal of money, and for this reason we ask you again, this year to contribute \$5.00 or \$10.00, or \$15.00, or \$25.00. Send us what you can afford toward this fund, and let us show you an Eclectic medical college of such magnitude and of such equipment that you will be proud to own that you have helped.

Doctor, this is a great work that we are undertaking, and we must have your help. Will you let me hear from you with a check?

Faternally,

THEODORE DAVIS ADLERMAN, M.D.,  
Chairman.

E. G. SHARP, M.D.

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## NEUROTIC CHILDREN

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	Price.	Club Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles .....	1.00	.90
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio .....	2.00	1.80
Ellingwood's Therapist, 32 N. State St., Chicago, Ill. ....	1.50	1.35
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio .....	1.00	.90

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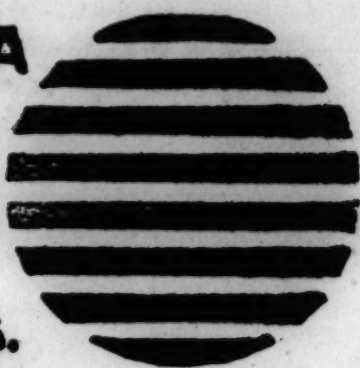
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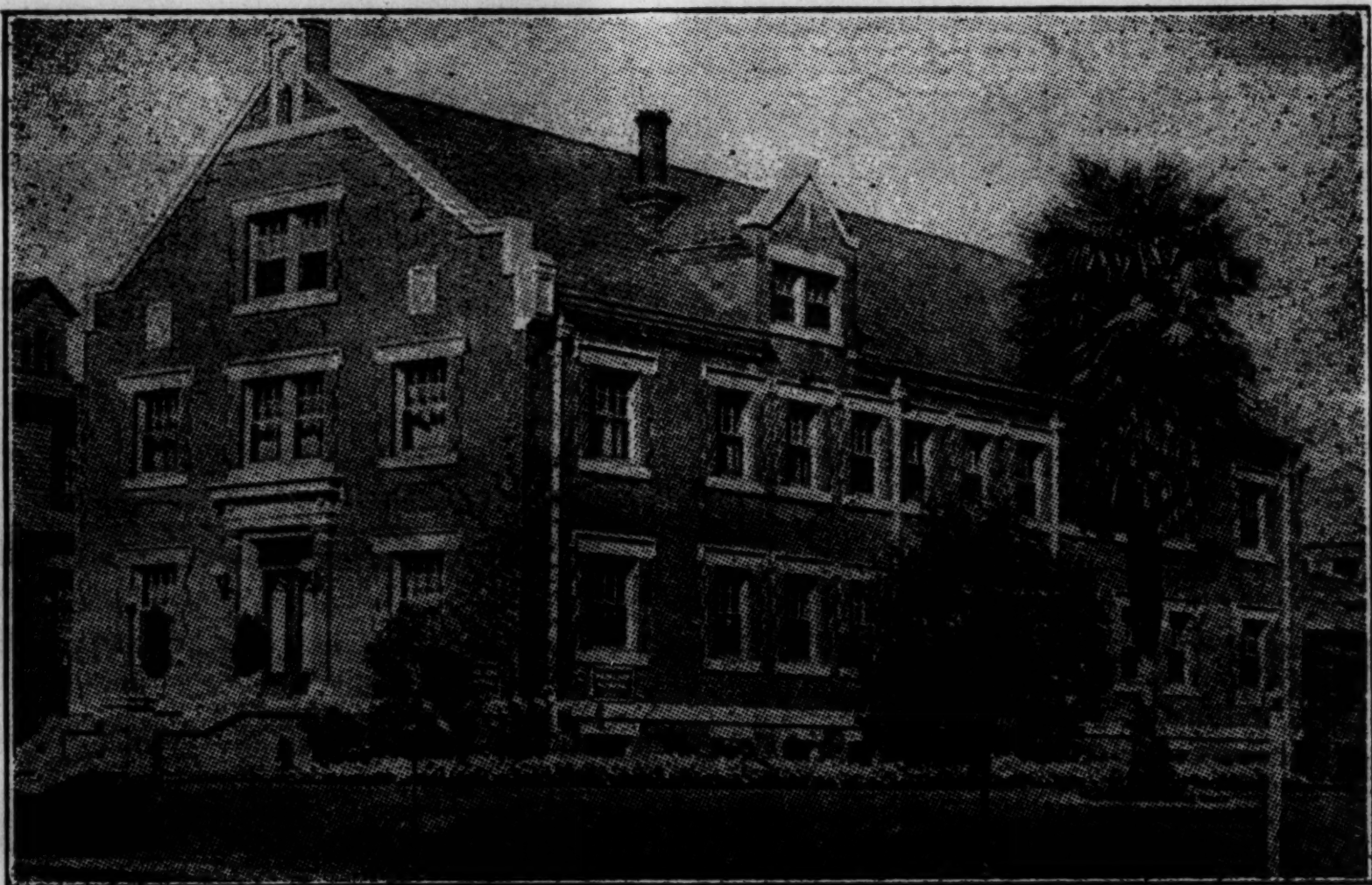
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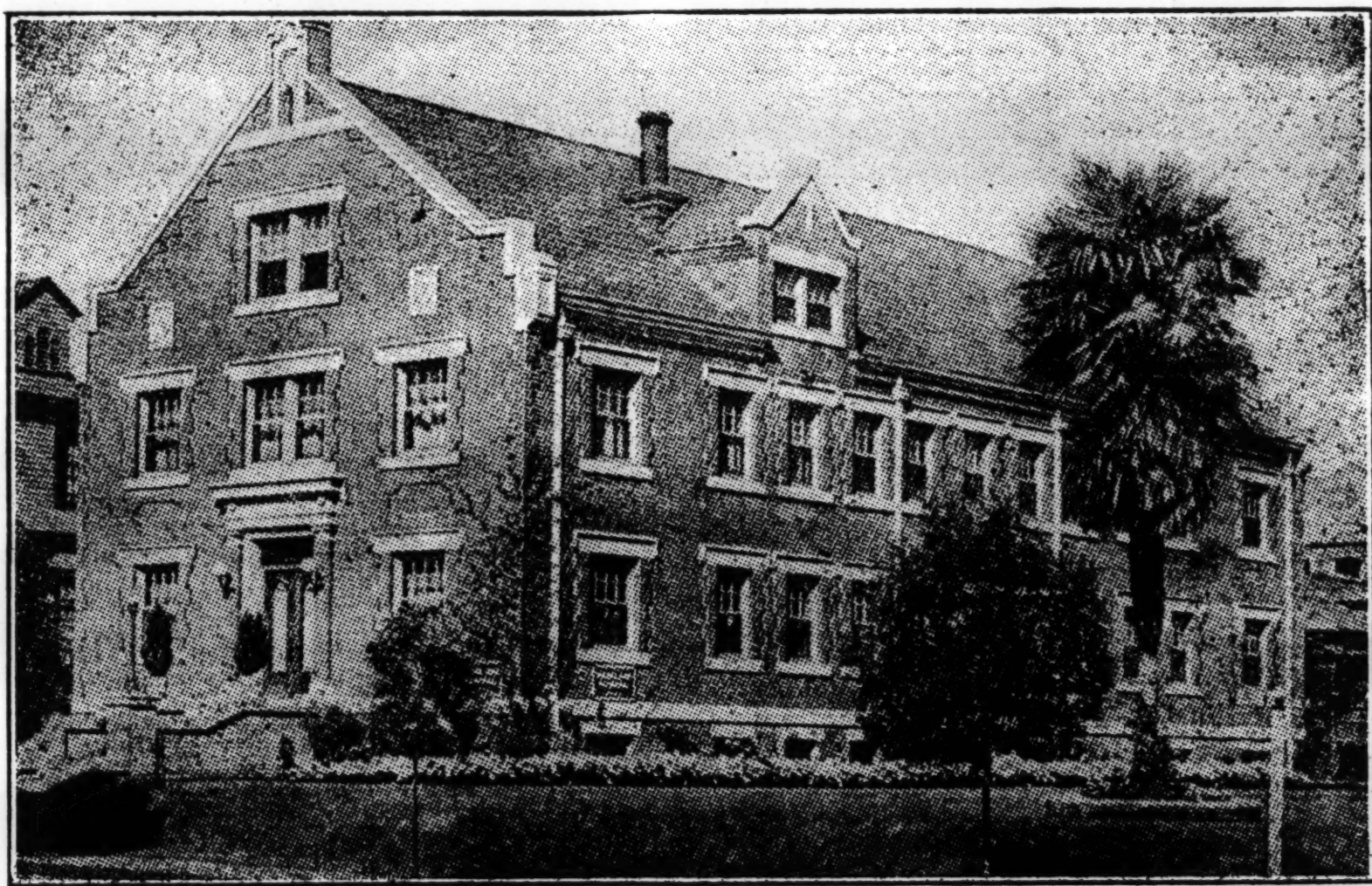
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